

Hakan BERGKVIST

International Search Report
PCT Request Form
PCT/IB/304 Form
PCT/IB/308 Form
First Page of Publication
International Preliminary Examination Report - with no annexes

US APPLICATION NO. (If known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER	
10/530659		PCT/SE03/001672		P70466US0	
17. <input checked="" type="checkbox"/> The following fees are submitted:				CALCULATIONS	PTO USE ONLY
a) Basic national fee \$300.00					
b) Examination fee \$200.00					
c) Search fee \$500.00					
TOTAL OF ABOVE CALCULATIONS = \$1000.00				\$1000.00	
Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction Thereof (round up to a whole number)	Rate		
*** - 100 = ***	*** / 50 =	****	x 250.00	\$	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
Claims	Number Filed	Number Extra	Rate		
Total Claims	10 - 20 =	-0-	x \$50.00	\$	
Independent Claims	1 - 3 =	-0-	x \$200.00	\$	
Multiple Dependent Claim(s) (if applicable)			+\$360.00	\$	
TOTAL OF ABOVE CALCULATIONS =				\$ 1000.00	
Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28).				\$	
SUBTOTAL =				\$ 1000.00	
Processing fee of \$130 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f))				\$	
TOTAL NATIONAL FEE =				\$ 1000.00	
Fee of \$40.00 for recording the enclosed assignment (37 CFR 1.21(h)). Assignment must be accompanied by appropriate cover sheet (37 CFR 3.28, 3.31).				\$	
TOTAL FEES ENCLOSED =				\$ 1000.00	
<p>a. <input checked="" type="checkbox"/> A Credit Card Payment Form authorizing the amount of \$ <u>1000.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>06-1358</u> in the amount of \$ <u> </u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge my account any additional fees set forth in \$1.492 during the pendency of this application, or credit any overpayment to Deposit Account No. <u>06-1358</u>. A duplicate copy of this sheet is enclosed.</p>					
<p>SEND ALL CORRESPONDENCE TO:</p> <p>JACOBSON HOLMAN PLLC 400 7th Street, N.W., Suite 600 Washington, DC 20004 202-638-6666 CUSTOMER NUMBER: 00136</p>					
<p>By <u>Harvey B. Jacobson, Jr.</u> Harvey B. Jacobson, Jr. Reg. No. 20,851</p>					